

State: Tennessee

Agency* Citation(s) Groups Covered

C. Optional Coverage of the Medically Needy

42 CFR 435.301 This plan includes the medically needy.

// No.

/X/ Yes. This plan covers:

1902(e) of the
Act

1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.

2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.

1902(a)(10)
(C)(i)(I)
of the Act

3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

*Agency that determines eligibility for coverage.

No. 92-6

Supersedes

TN No. 89-4(pages 17c & 18)

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State: Tennessee

Agency* Citation(s) Groups Covered

C. Optional Coverage of Medically Needy (Continued)

1902(e)(4) of
the Act

4. Newborn children born on or after
October 1, 1984 to a woman who is eligible
as medically needy and is receiving
Medicaid on the date of the child's birth. The child
is deemed to have applied and been found eligible for
Medicaid on the date of birth and remains eligible for
one year so long as the woman remains eligible or would
remain eligible if she were pregnant and the child is a
member of the woman's household.

42 CFR 435.308 : 5. /X/ a. Financially eligible individuals who are not
described in section C.3. above and who are under the age of--

- X 21
 20
 19
 18 or under age 19 who are full-time
students in a secondary school or in the
equivalent level of vocational or technical
training

/X/ b. Reasonable classifications of financially
eligible individuals under the ages of 21, 20, 19,
or 18 as specified below:

 X (1) Individuals for whom public agencies are
assuming full or partial financial responsibility
and who are:

 X (a) In foster homes (and are under the age
of 21).

 X (b) In private institutions (and are under
the age of 21).

*Agency that determines eligibility for coverage.

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TN No. 86-23(page 18)

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Agency* Citation(s) Groups Covered

C. Optional Coverage of Medically Needy (Continued)

- X (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of 21).
- X (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of 21).
- X (3) Individuals in NFs (who are under the age of 21). NF services are provided under this plan.
- X (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of 21).
- X (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of 21). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
- X (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

*Agency that determines eligibility for coverage.

No. 92-6
replaces
TN No. NEW

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Agency* Citation(s) Groups Covered

C. Optional Coverage of Medically Needy (Continued)

- 42 CFR 435.310 /X/ 6. Caretaker relatives.
- 42 CFR 435.320 /X/ 7. Aged individuals.
and 435.330
- 42 CFR 435.322 /X/ 8. Blind individuals.
and 435.330
- 42 CFR 435.324 /X/ 9. Disabled individuals.
and 435.330
- 42 CFR 435.326 /X/ 10. Individuals who would be ineligible if they were not
enrolled in an HMO. Categorically needy individuals
are covered under 42 CFR 435.212 and the same rules
apply to medically needy individuals.
- 435.340 11. Blind and disabled individuals who:
- a. Meet all current requirements for Medicaid
eligibility except the blindness or disability
criteria;
 - b. Were eligible as medically needy in December 1973
as blind or disabled; and
 - c. For each consecutive month after December 1973
continue to meet the December 1973 eligibility
criteria.

*Agency that determines eligibility for coverage.

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persedes
TN No. 86-23(pages 18 & 19) HCFA ID: 7983E

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ATTACHMENT 2.2-A
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State: Tennessee

Citation(s)

Groups Covered

C. Optional Coverage of Medically Needy
(Continued)

1906 of the
Act

12. Individuals required to enroll in cost effective
employer-based group health plans remain eligible
for a minimum enrollment period of _____ months.

*Agency that determines eligibility for coverage.

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